

**NOTIFICATION OF AGENCY'S PAYROLL CENTER
(REGARDING A REQUEST TO USE CATASTROPHIC LEAVE)
(Per NRS 284.362)**

To be completed by person requesting leave or their immediate supervisor.

REQUESTOR: (Please print or type)	BUDGET ACCOUNT #:
NAME:	SOCIAL SECURITY NUMBER:
TITLE:	CLASS CODE:
GRADE:	HOURLY RATE:
DEPARTMENT:	DIVISION:

APPROVAL EFFECTIVE DATE: _____

NUMBER OF HOURS APPROVED: _____

TRANSFER _____ HOURS FROM THE GENERAL CATASTROPHIC LEAVE ACCOUNT.

TRANSFER _____ HOURS, FROM THE CATASTROPHIC LEAVE ACCOUNT, WHICH WERE SPECIFICALLY ALLOCATED FOR USE BY THE REQUESTOR.

Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.

Requestor Signature

Date

SUPERVISORY APPROVAL: (CHECK ONE) ☐ **YES** ☐ **NO**

Signature of Immediate Supervisor

Date

APPOINTING AUTHORITY: (CHECK ONE) ☐ **YES** ☐ **NO**

Signature and Title of Appointing Authority

Date

Distribution: Appointing Authority
 Agency Payroll Clerk
 Employee